

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines. <div style="border: 1px solid black; padding: 2px;">12FE4M5</div>
<div style="border: 1px solid black; padding: 2px;">AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE POLITICAL ACTION COMMITTEE (FKA ASMT/PAC)</div>		
<div style="border: 1px solid black; padding: 2px;"> </div>		
ADDRESS (number and street) ▼		
<div style="border: 1px solid black; padding: 2px;">1861 International Drive</div>		
<div style="border: 1px solid black; padding: 2px;">#200</div>		
<div style="border: 1px solid black; padding: 2px;">Tysons Corner</div>		
<div style="border: 1px solid black; padding: 2px;">VA</div>		
<div style="border: 1px solid black; padding: 2px;">22102</div>		
<div style="border: 1px solid black; padding: 2px;">-</div>		
<div style="border: 1px solid black; padding: 2px;"> </div>		
2. FEC IDENTIFICATION NUMBER ▼		
<div style="border: 1px solid black; padding: 2px;">C C00034645</div>		
3. IS THIS REPORT <input checked="" type="checkbox"/> NEW (N) OR <input type="checkbox"/> AMENDED (A)		
4. TYPE OF REPORT (Choose One)		
(a) Quarterly Reports:		
<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> April 15 Quarterly Report (Q1)</div><div style="width: 50%;"><input type="checkbox"/> July 15 Quarterly Report (Q2)</div><div style="width: 50%;"><input type="checkbox"/> October 15 Quarterly Report (Q3)</div><div style="width: 50%;"><input type="checkbox"/> January 31 Year-End Report (YE)</div><div style="width: 50%;"><input checked="" type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) (MY)</div><div style="width: 50%;"><input type="checkbox"/> Termination Report (TER)</div></div>		
(b) Monthly Report Due On:		
<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Feb 20 (M2)</div><div style="width: 50%;"><input type="checkbox"/> May 20 (M5)</div><div style="width: 50%;"><input type="checkbox"/> Aug 20 (M8)</div><div style="width: 50%;"><input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)</div><div style="width: 50%;"><input type="checkbox"/> Mar 20 (M3)</div><div style="width: 50%;"><input type="checkbox"/> Jun 20 (M6)</div><div style="width: 50%;"><input type="checkbox"/> Sep 20 (M9)</div><div style="width: 50%;"><input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)</div><div style="width: 50%;"><input type="checkbox"/> Apr 20 (M4)</div><div style="width: 50%;"><input type="checkbox"/> Jul 20 (M7)</div><div style="width: 50%;"><input type="checkbox"/> Oct 20 (M10)</div><div style="width: 50%;"><input type="checkbox"/> Jan 31 (YE)</div></div>		
(c) 12-Day PRE-Election Report for the:		
<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Primary (12P)</div><div style="width: 50%;"><input type="checkbox"/> General (12G)</div><div style="width: 50%;"><input type="checkbox"/> Runoff (12R)</div><div style="width: 50%;"><input type="checkbox"/> Convention (12C)</div><div style="width: 50%;"><input type="checkbox"/> Special (12S)</div></div>		
Election on <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%; border: 1px solid black; padding: 2px;">M M M</div><div style="width: 33%; border: 1px solid black; padding: 2px;">D D D</div><div style="width: 33%; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div></div> in the State of <div style="border: 1px solid black; padding: 2px;"> </div>		
(d) 30-Day POST-Election Report for the:		
<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> General (30G)</div><div style="width: 50%;"><input type="checkbox"/> Runoff (30R)</div><div style="width: 50%;"><input type="checkbox"/> Special (30S)</div></div>		
Election on <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%; border: 1px solid black; padding: 2px;">M M M</div><div style="width: 33%; border: 1px solid black; padding: 2px;">D D D</div><div style="width: 33%; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div></div> in the State of <div style="border: 1px solid black; padding: 2px;"> </div>		
5. Covering Period		
<div style="display: flex; flex-wrap: wrap;"><div style="width: 33%; border: 1px solid black; padding: 2px;">M M M</div><div style="width: 33%; border: 1px solid black; padding: 2px;">D D D</div><div style="width: 33%; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div></div> through <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%; border: 1px solid black; padding: 2px;">M M M</div><div style="width: 33%; border: 1px solid black; padding: 2px;">D D D</div><div style="width: 33%; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div></div>		
<div style="border: 1px solid black; padding: 2px;">01 01 2013</div> through <div style="border: 1px solid black; padding: 2px;">06 30 2013</div>		

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Diane Evans

Signature of Treasurer

Diane Evans

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE POLITICAL ACTION COMMITTEE (FKA ASMT/PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">44159.20</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">44159.20</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">8537.96</span>	<span style="border: 1px solid black; padding: 2px;">8537.96</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">52697.16</span>	<span style="border: 1px solid black; padding: 2px;">52697.16</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">14527.48</span>	<span style="border: 1px solid black; padding: 2px;">14527.48</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">38169.68</span>	<span style="border: 1px solid black; padding: 2px;">38169.68</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE POLITICAL ACTION COMMITTEE (FKA ASMT/PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

225.00

225.00

(ii) Unitemized .....

8257.00

8257.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

8482.00

8482.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

8482.00

8482.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

55.96

55.96

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

8537.96

8537.96

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

8537.96

8537.96

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	12477.48	12477.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12477.48	12477.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	50.00	50.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	50.00	50.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14527.48	14527.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14527.48	14527.48

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8482.00	8482.00
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8432.00	8432.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	12477.48	12477.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	12477.48	12477.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 10  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE POLITICAL ACTION COMMITTEE (FKA ASMT/PAC)

<p>Full Name (Last, First, Middle Initial)</p> <p><b>A. Roxanne Alter</b></p> <p>Mailing Address 16023 Nottingham Drive</p> <p>City State Zip Code Omaha NE 68118</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Univ of Nebraska Med Center Research Coordinator</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <input type="text" value="225.00"/></p>		<p>Date of Receipt</p> <p><input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/></p> <p><b>Transaction ID : SA11AI.6170</b></p> <p>Amount of Each Receipt this Period  <input type="text" value="225.00"/></p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>B.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <input type="text" value=""/></p>		<p>Date of Receipt</p> <p><input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/></p> <p>Amount of Each Receipt this Period  <input type="text" value=""/></p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>C.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <input type="text" value=""/></p>		<p>Date of Receipt</p> <p><input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/></p> <p>Amount of Each Receipt this Period  <input type="text" value=""/></p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<input type="text" value="225.00"/>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<input type="text" value="225.00"/>

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE POLITICAL ACTION COMMITTEE (FKA ASMT/PAC)

Full Name (Last, First, Middle Initial)

**A. American Society for Clinical Laboratory Science**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2013

Mailing Address 1861 International Drive  
#200

City Tysons Corner State VA Zip Code 22102

Purpose of Disbursement  
Sponsorship of Association Legislative Day

Candidate Name

Category/  
Type

Transaction ID : SB21B.6162

Amount of Each Disbursement this Period

10000.00
----------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. American Society for Clinical Laboratory Science**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		19		2013

Mailing Address 1861 International Drive  
#200

City Tysons Corner State VA Zip Code 22102

Purpose of Disbursement  
Conference Call Fees

Candidate Name

Category/  
Type

Transaction ID : SB21B.6169

Amount of Each Disbursement this Period

21.59
-------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Evans & Katz, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2013

Mailing Address 1831 Bay Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Transaction ID : SB21B.6078

Amount of Each Disbursement this Period

332.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10353.59
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 10

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE POLITICAL ACTION COMMITTEE (FKA ASMT/PAC)

Full Name (Last, First, Middle Initial)

**A. Evans & Katz, LLC**

Mailing Address 1831 Bay Street SE

City Washington      State DC      Zip Code 20003

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2013
**Transaction ID : SB21B.6161**

Amount of Each Disbursement this Period

133.16

Full Name (Last, First, Middle Initial)

**B. Evans & Katz, LLC**

Mailing Address 1831 Bay Street SE

City Washington      State DC      Zip Code 20003

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 03 / 2013
**Transaction ID : SB21B.6402**

Amount of Each Disbursement this Period

1232.24

Full Name (Last, First, Middle Initial)

**C. Renee Setina**

Mailing Address 3537 West Beechwood Place

City Springfield      State MO      Zip Code 65807

Purpose of Disbursement  
Reimb. - Gifts for Supporters

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 28 / 2013
**Transaction ID : SB21B.6089**

Amount of Each Disbursement this Period

690.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2055.40



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 10

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE POLITICAL ACTION COMMITTEE (FKA ASMT/PAC)

Full Name (Last, First, Middle Initial)

**A. Pin Depot Network**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2013

Mailing Address 2200 Winter Springs Blvd  
Ste 106-322

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Gifts for Supporters

Candidate Name

Category/  
Type

Transaction ID : SB21B.6089.0

Amount of Each Disbursement this Period

690.00
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[MEMO ITEM]

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼
**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

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Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼
**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00
------

TOTAL This Period (last page this line number only)..... ►

12408.99
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

2000.00